

# **Headquarters U.S. Air Force**

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## **AFMS Expeditionary Ops: Strategy and Execution**



**Col Virginia Wereszynski  
Chief, Expeditionary Medical Ops  
Policy**

**Office of the AF Surgeon General**

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**10 February 2004**



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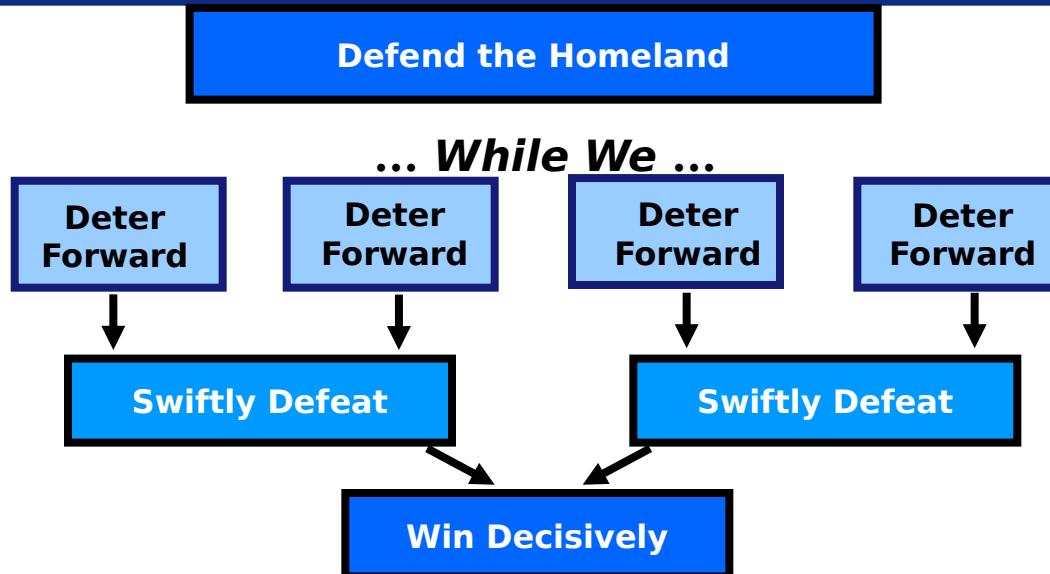
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# Overview

- **Building the Operational Foundation**
- **AFMS Big Rocks**
  - **MEFPAK Consolidation**
  - **Turtle Concept**
  - **UTC Posturing**
  - **Patient Mix: Hub and Spoke**
  - **Contingency ASF**
  - **WRM Consolidation**
  - **After Action Process**
  - **One Liner Big Rocks**



# **Defense Planning Construct**



- In addition to winning the war on terrorism, the US military must:
    - Defend the Homeland
    - Deter forward in 4 critical regions
      - Europe Middle East / Southwest Asia
      - East Asian Littoral Northeast Asia
    - Conduct 2 swiftly defeats in overlapping timeframes
    - 1 decisive win to include a regime change



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**DPG:**

# ***Six Operational Goals***

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- Protect Critical Bases of Operations;
  - Project and Sustain U.S. Forces in Distant, Anti-Access / Area-Denial Environment;
  - Deny Enemies Sanctuary;
  - Assure Information Systems and Conduct Information Operations;
  - Enhance Capability / Survivability of Space Systems;
  - Leverage Information Technology for Joint C4ISR (e.g. Joint Operational Picture)
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# **Strategic Planning Guidance**

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- **Direction for DoD components to develop FY06-11 Defense program and President's FY06 budget submission**
  - Specific guidance on where the DoD will take and reduce risk for broad capability areas
  - Advances transformation
- **Directs strategy review for FY05-06 timeframe**
  - Joint Operating Concepts
  - Foundation for QDR 05
- **Introduces Enhanced Planning Process**



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# **SPG SECDEF Priorities**

- **Successfully pursue GWOT**
  - **Strengthen joint and combined warfighting capabilities**
  - **Transform joint force**
  - **Optimize intelligence capability**
  - **Combat proliferation of WMD**
  - **Improve force manning**
  - **Develop and implement new concepts for global engagement**
  - **Strengthen ability to fulfill responsibilities in HLD**
  - **Streamline DoD processes**
  - **Reorganize DoD and USG to deal with pre-war opportunities and post-war responsibilities**
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# ***SPG Leading Concepts***

- **Underlying principles**
  - **Active, forward defense**
  - **Continuous transformation**
  - **Capabilities-based planning**
  - **Managing risk**
  
- **Risk Categories**
  - **Operational**
  - **Future challenges**
  - **Force management**
  - **Institutional**



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# Air Force Strategic Planning

## Objectives

- CONOPS shall define and articulate Air Force requirements in terms of Air and Space Expeditionary Forces (AEF);
- Increase interoperability within the Total Air Force, with other services, with allies, and with coalition partners;
- Define the Air Force's future force structure in terms of AEF capabilities needed to achieve desired effects, support the Defense Strategy, and link strategy to CONOPS to capabilities to plans and to programs through their associated performance-based metrics/performance measurement systems;
- Define the Future Total Force (FTF) mix and innovative organizational concepts to better leverage all elements of our capabilities;



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# Air Force Strategic Planning Objectives

(Cont.)

- Determine the fundamental manpower and organizational tenets that will shape the demographics of the Air Force – e.g., core and non-core competencies for blue-suiters, potential divestitures, AEF composition, outsourcing, etc.;
- Assess the infrastructure required to support our future force structure;
- Continue to improve relationships with OSD, Joint Staff, other Service planners, and Congress to better communicate our strategies, concepts and common planning priorities;
- Increase the speed and efficiency of our approach to the way we conceive, develop, prioritize, acquire, deploy and sustain our weapons and support systems so needed capabilities are available quickly and on budget.



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# ***AFSPD 03 Impact to AFMS***

- **No Explicit Taskings for AFMS**
- **However ...**
  - **AFMS Must Engage on Most Initiatives & Integrate Efforts**
  - **AFMS Must Adopt Capability-Based Planning & Programming Process**

## **AFMS Implementation Plan**

- **Identified 25 Tasks from Coordination/Input to Plan Development**
  - **SGMX with Help from Air Staff and MAJCOM Staffs Drafted AFMS Strategic Planning Directive**
  - **Draft Currently in Coordination - Final Due Jan 04**
  - **AF COUNCIL Approved Implementation**
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# **AFMS Concept Document**



**Fit & Healthy Force**



**Enhance Performance**



**Prevent Casualties**



**Restore Health**

**I n t e g r i t y - S e r v i c e - E x c e l l e n c e**



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# ***AFMS Capabilities***

## **Effect 1. Provide a fit and healthy force**

- Define minimal and optimal characteristics for a fit and healthy individual/force.**
- Identify susceptibility to disease or injury.**
- Maintain health of personnel and their family members.**
- Provide ongoing medical monitoring.**





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# ***Capabilities***

## **Effect 2. Enhance Human Performance**

- Improve cognitive performance.**
- Support sustained operations.**
- Enhance human and machine interface.**
- Assess and advise on weapon effects on enemy force.**
- Enhance battle-space situational awareness.**
- Enhance physical performance to operate in all environments.**





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# **Capabilities**

## **Effect 3. Prevent Casualties.**

- Identify full spectrum of health hazards impacting HWS performance.
- Assess health hazards affecting operational requirements.
- Provide effective health hazard control strategies to optimize force health protection.
- Accomplish comprehensive medical surveillance.
- Assess and advise on weapons effects on HWS.
- Accomplish effective risk communication.





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# **Capabilities**

## **Effect 4. Restore Health**

- Equip and train airmen in self-aid/buddy care.
- Provide point of injury trauma care and casualty evacuation.
- Transport casualties to initial medical care.
- Track and manage patient and patient information.
- Decontaminate Casualties.
- Provide Assessment.
- Stabilize and Treat.
- Transport to higher level care.
- Rehabilitate.





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# Example: HLS Analysis

**Problem: Unable to rapidly identify VX exposure**

- ***Analysis:***
  - **(Effects)** Prevent, Protect, Respond
  - **(Capability)** Treat Mass Casualties
    - **(Sub-Capability)** Treat casualties from VX exposure
      - **(Sub-Sub-Capability)** Rapidly diagnose condition
      - **(Task)** Determine Cholinesterase Level
        - Measure of Effectiveness: Measure level in 1 min
- ***Risk Assessment***
- ***Identify Solutions to Mitigate Risk***
- ***Select Solution and Fund (Program)***



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# **MEFPAK Consolidation Complete**

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- MEFPAK responsibilities moved to ACC, AMC, and AFSOC as CAF, MAF, SOF operations
- ACC, AMC, AFSOC to build the WRM POM
- MEFPAK briefings to AF/SG via Hollywood Squares
- Advantages
  - Mirrors LAF alignment
  - Allows Greater Mission Focus for Those Commands Relieved of MEFPAK Responsibility
  - Better Utilization of MAJCOM Staffing (MEFPAK and Non-MEFPAK)
  - Greater Focus on Deployment & Training of Forces



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# **MEFPAK “Playbook”**

- **One-stop UTC Resource on Web**
  - Each UTC or System has unique “playbook”
  - MEFPAK responsible for getting to users
- **Chapters:**
  - 1: MISCAP, CONOPS and Doctrine
  - 2: Personnel, METLs and Training Plan
  - 3: Allowance Standard and Sustainment Funding Profile
  - 4: UTC Mission Assessment by Pilot Unit
  - 5: Gap Analysis and Modernization Requirements
  - 6: Modernization Plan: FINPLAN, POM Input, 2020 Vision



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# **Turtle Brief**

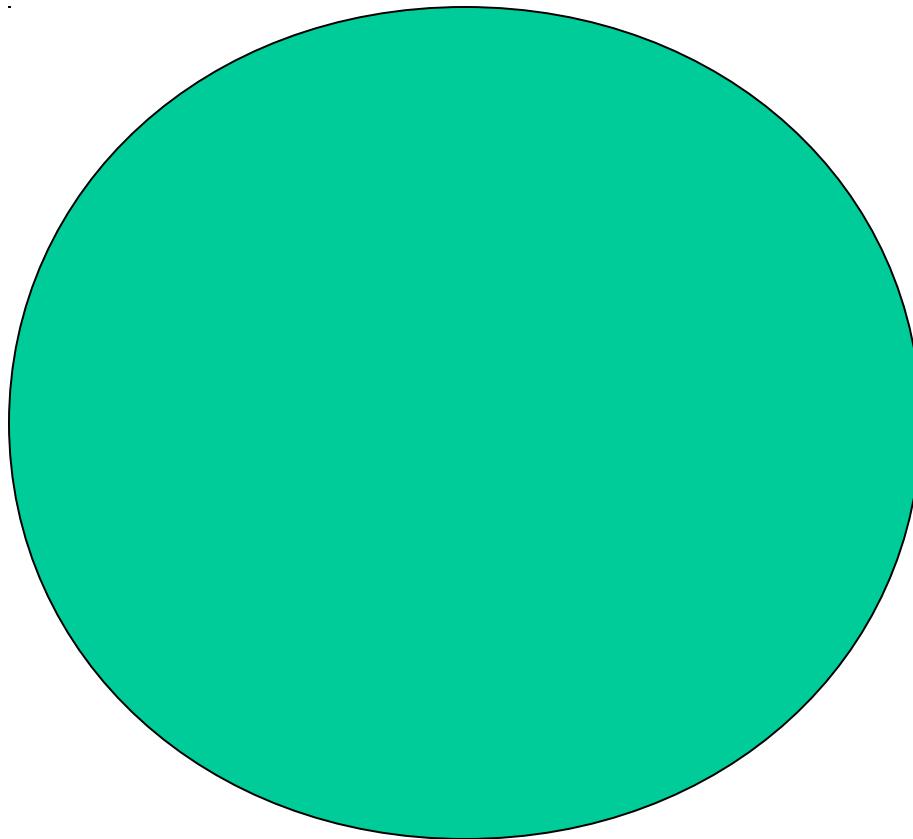
- **Planning effort to support most EMEDS requirements out of the Medical Centers**
- **Full rotation**
- **Additional staff to cover deployments**
- **Sustained GME**
- **Focus for EMEDS training, currency**



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**MEDCEN X**



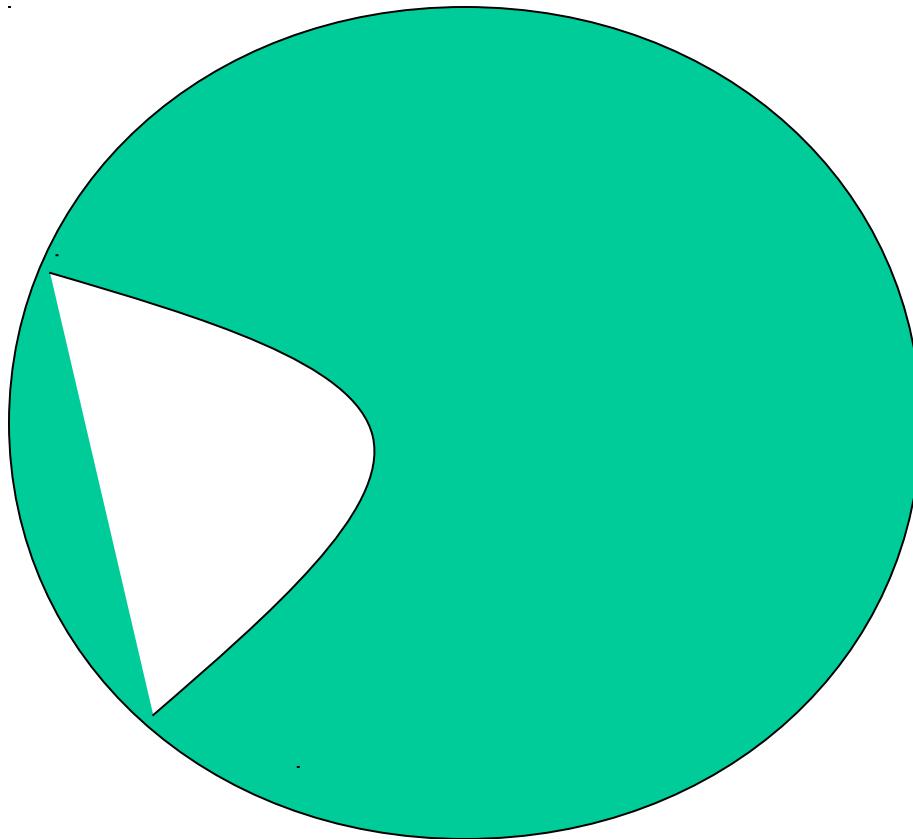
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# *Impact of Deployment*

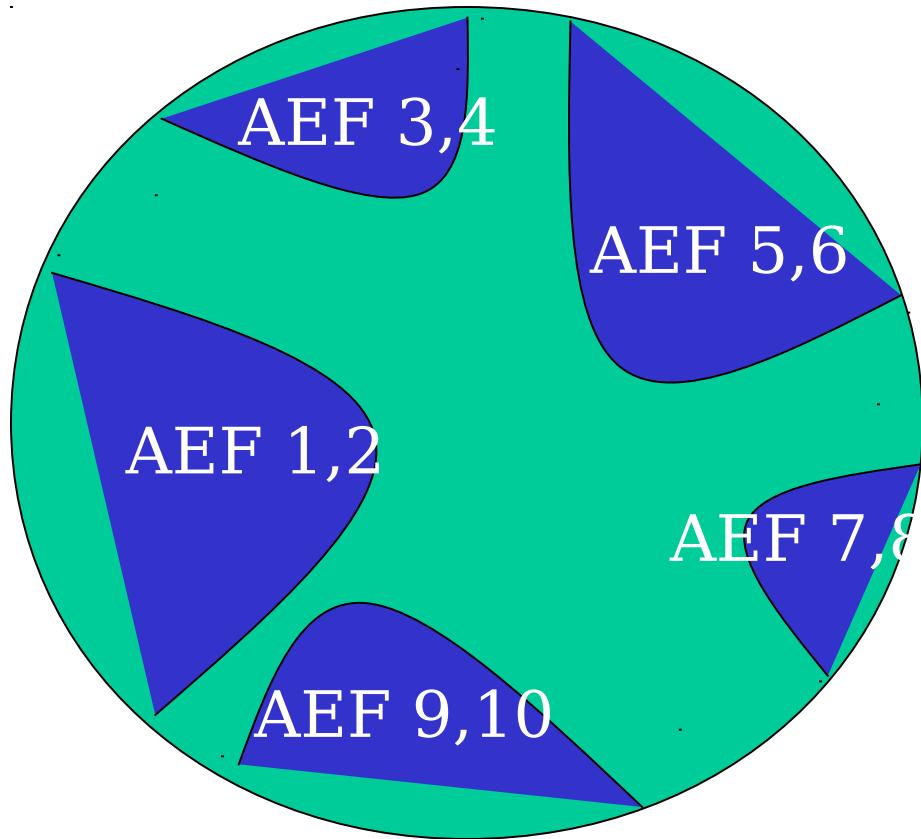


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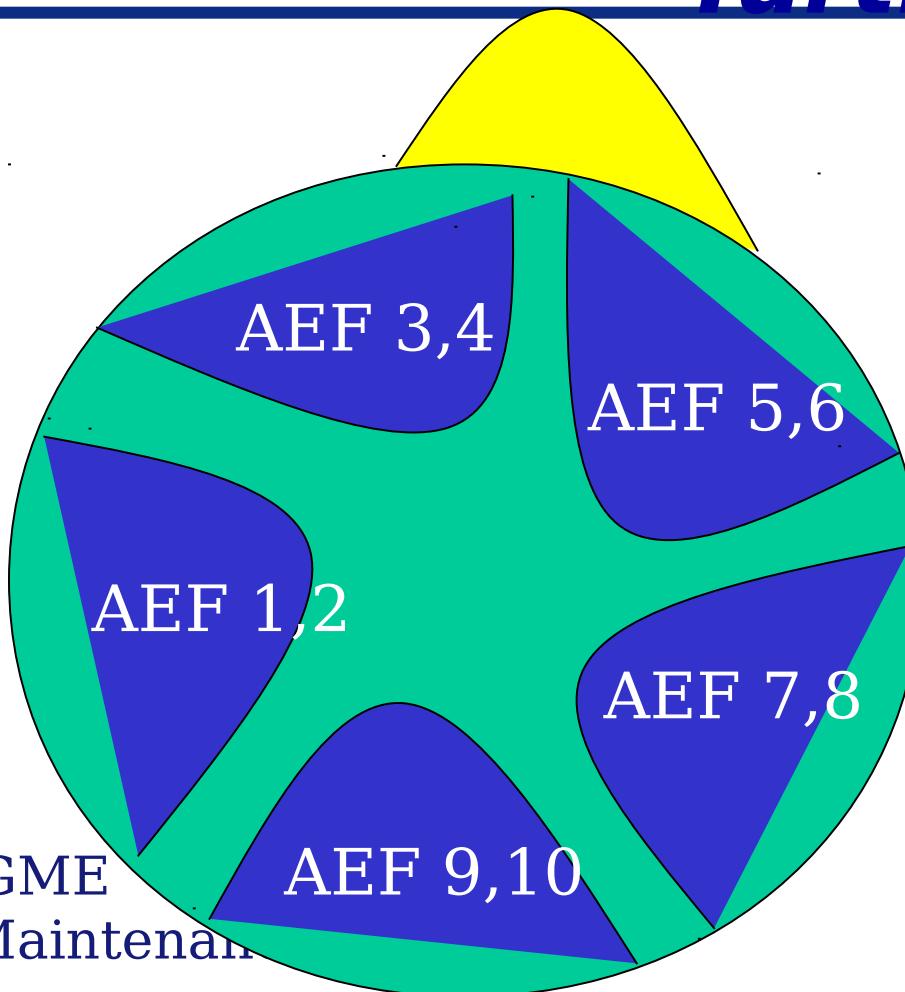
# **MEDCEN AEF Requirements**





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# A New Model: The Turtle



## Impact:

Sustained GME  
Workload Maintenance  
Warriors

5:1 payoff for investment



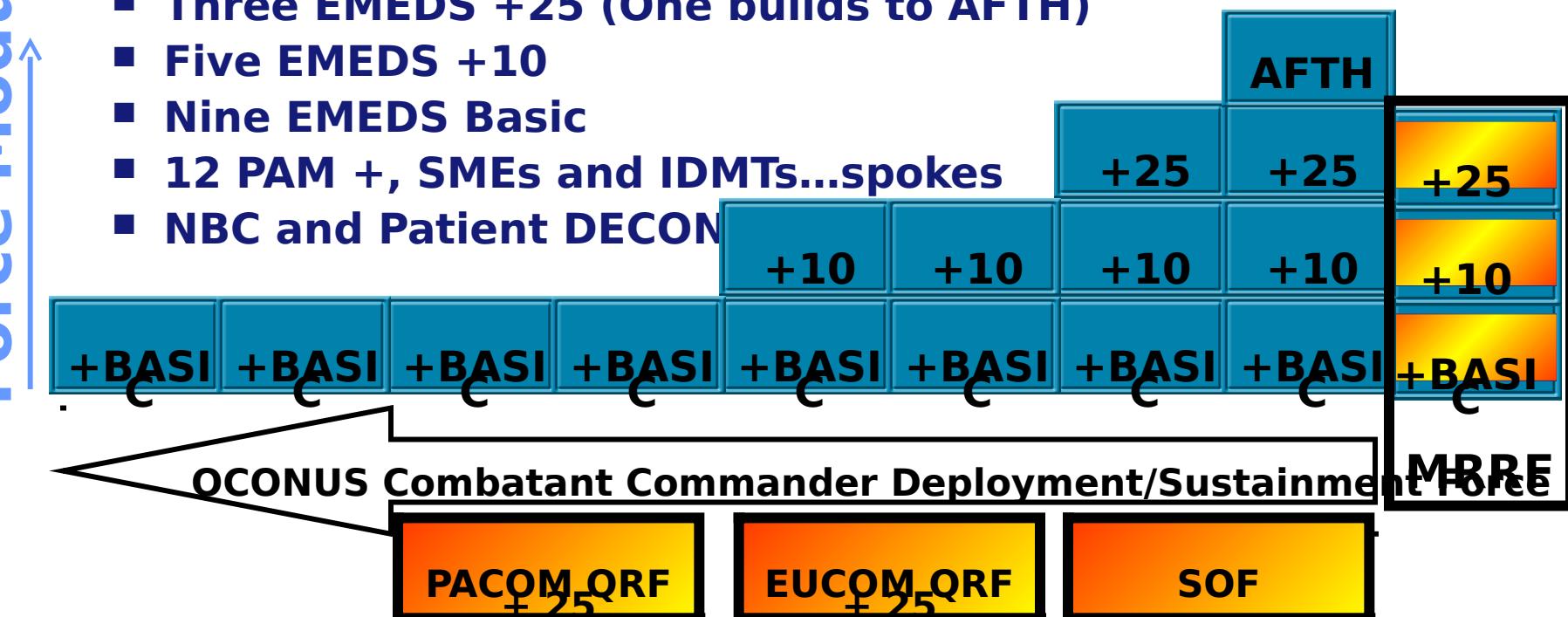
# EAF Capabilities (AD)

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- Assume: An AEF Pair will Deploy to Multiple Locations

- Each AEF Pair will have (Personnel UTCS)

- Three EMEDS +25 (One builds to AFTH)
- Five EMEDS +10
- Nine EMEDS Basic
- 12 PAM +, SMEs and IDMTs...spokes
- NBC and Patient DECON





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# Proposed AEF Alignment EMEDS Assets

AEF	1 & 2	3 & 4	5 & 6	7 & 8	9 & 10
EMEDS Plus 25 (MRRF)	96 MDG	55 MDG	375 MDG	99 MDG	1 MDG
EMEDS Plus 25	59 MDW	59 MDW	59 MDW	59 MDW	59 MDW
EMEDS BASIC	59 MDW	59 MDW	59 MDW	59 MDW	59 MDW
EMEDS Plus 10	60 MDG	60 MDG	60 MDG*	60 MDG	60 MDG
EMEDS Plus 10	81 MDG	81 MDG	81 MDG	81 MDG*	81 MDG
EMEDS BASIC	74 MDG*	74 MDG	74 MDG	74 MDG	74 MDG
EMEDS BASIC**	**89 MDG	**89 MDG	**89 MDG	**89 MDG	**89 MDG
Additional EMEDS	3 MDG *	48 MDG *	10 MDG	**52 MDG *	10 MDG *
* Indicates Additional EMEDS Plus 25	ANG	ANG	ANG	ANG	PANG
EMEDS Integrator	AFRC	AFRC	AFRC	AFRC	AFRC

\* Indicates Additional EMEDS Plus 25  
 \*\* May be effected by MAPPGANG



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# Proposed AEF Alignment AFTH Assets

AEF	1 & 2	3 & 4	5 & 6	7 & 8	9 & 10
FFANC	2	2	2	2	2
FFCCU	2	2	2	2	2
FFCCV	2	2	2	2	2
FFEST	2	2	2	2	2
FFEW1	4	4	4	4	4
FFEW2	4	4	4	4	4
FFGKU	2	2	2	2	2
FFHA1	Brooks	Brooks	Brooks	Brooks	Brooks
ENT,EYE,FOC,GKT,GYM, GYN,HA2/4/5, MAX,NEU	74	89	60	81	59

- Mostly sourced from MED Centers

- Only 59 MDW able to build 5



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# Proposed AEF Alignment CASF

AEF	1 & 2	3 & 4	5 & 6	7 & 8	9 & 10	Required Personnel
CASF 100	59 MDW	60 MDG	81 MDG	74 MDG	89 MDG	99
CASF 50	96 MDG	55 MDG	375 MDG	99 MDG	1 MDG	60
CASF 50	6 MDG	82 MDG	10 MDG	89 MDG	60 MDG	60
CASF 100	AFRC	AFRC	AFRC	AFRC	AFRC	99
CASF 100	AFRC	AFRC	AFRC	AFRC	AFRC	99
CASF 250	AFRC	AFRC	AFRC	AFRC	AFRC	189
CASF 25/100	ANG	ANG	ANG	ANG	ANG	24/99
Total CASF Beds	650	650	650	650	650	3250

Manpower for 3250 CASF beds w/o ANG

Assumes “Turtle Alignment Approved” with units manning near 100%



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# Proposed AEF Alignment CCATT & CCAET

AEF	1 & 2	3 & 4	5 & 6	7 & 8	9 & 10
CCATT (1) CCE (1)	96 MDG	55 MDG	375 MDG	99 MDG	1 MDG
CCATT (4) CCE (2)	59 MDW	59 MDW	59 MDW	59 MDW	59 MDW
CCATT (1) CCE (1)	60 MDG	60 MDG	60 MDG*	60 MDG	60 MDG
CCATT (1) CCE (1)	81 MDG	81 MDG	81 MDG	81 MDG*	81 MDG
CCATT (1) CCE (1)	74 MDG*	74 MDG	74 MDG	74 MDG	74 MDG
CCATT (1) CCE (1)	89 MDG	89 MDG*	89 MDG	89 MDG	89 MDG
CCATT (1) CCE (1)	3 MDG *	86 MDG *	10 MDG *	86 MDG *	10 MDG
CCATT (7) CCE (4)	ANG	ANG	ANG	ANG	ANG
CCATT (6) CCE (4)	AFRC	AFRC	AFRC	AFRC	AFRC



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# Proposed AEF Alignment NBC & EMED Aug Assets

AEF	1 & 2	3 & 4	5 & 6	7 & 8	9 & 10
Mental Health (FFGKV) x 2	59 MDW	59 MDW	59 MDW	59 MDW	59 MDW
Mental Health (FFGKV)	60 MDG	60 MDG	60 MDG*	60 MDG	60 MDG
Mental Health (FFGKV)	81 MDG	81 MDG	81 MDG	81 MDG*	81 MDG
Mental Health (FFGKV)	74 MDG*	74 MDG	74 MDG	74 MDG	74 MDG
Mental Health (FFGKV)	89 MDG	89 MDG*	89 MDG	89 MDG	89 MDG
Mental Health (FFGKV)	3 MDG *	48 MDG *	10 MDG *	52 MDG *	86 MDG*
Mental Health (FFGKV) x 2	ANG	ANG	ANG	ANG	ANG
Mental Health (FFGKV) x 2	AFRC	AFRC	AFRC	AFRC	AFRC
Patient Retrieval Team	9	9	9	9	9
Logistics Teams	8	8	8	8	8
BNBC	9	9	9	9	9
FFBAT	9	9	9	9	9
Patient Decon	12	12	12	12	12

IAW ECS ALIGNMENT



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# Proposed AEF Alignment PAM Assets

AEF	1 & 2	3 & 4	5 & 6	7 & 8	9 & 10
PAM ADVON	96 MDG	99 MDG	375 MDG	55 MDG	1 MDG
PAM Basic	96 MDG	99 MDG	375 MDG	55 MDG	1 MDG
PAM Sustaiment	96 MDG	99 MDG	375 MDG	55 MDG	1 MDG
PAM ADVON					
PAM ADVON					
PAM ADVON					
PAM Basic					
PAM Basic					
PAM Basic					
PAM Sustaiment					
PAM Sustaiment					
PAM Sustaiment					
PAM ADVON/BASIC/SUST	Integ			374 MDG *	86 MDG*



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# **Patient Mix - Surgical/Medical**

## ■ Issues:

- EMEDS package is surgically intensive
- Patient mix - more primary care than surgical

## ■ Initiatives:

- Initiated study using theater surveillance data



Medics  
concentrate





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# Patient Mix - Surgical/Medical

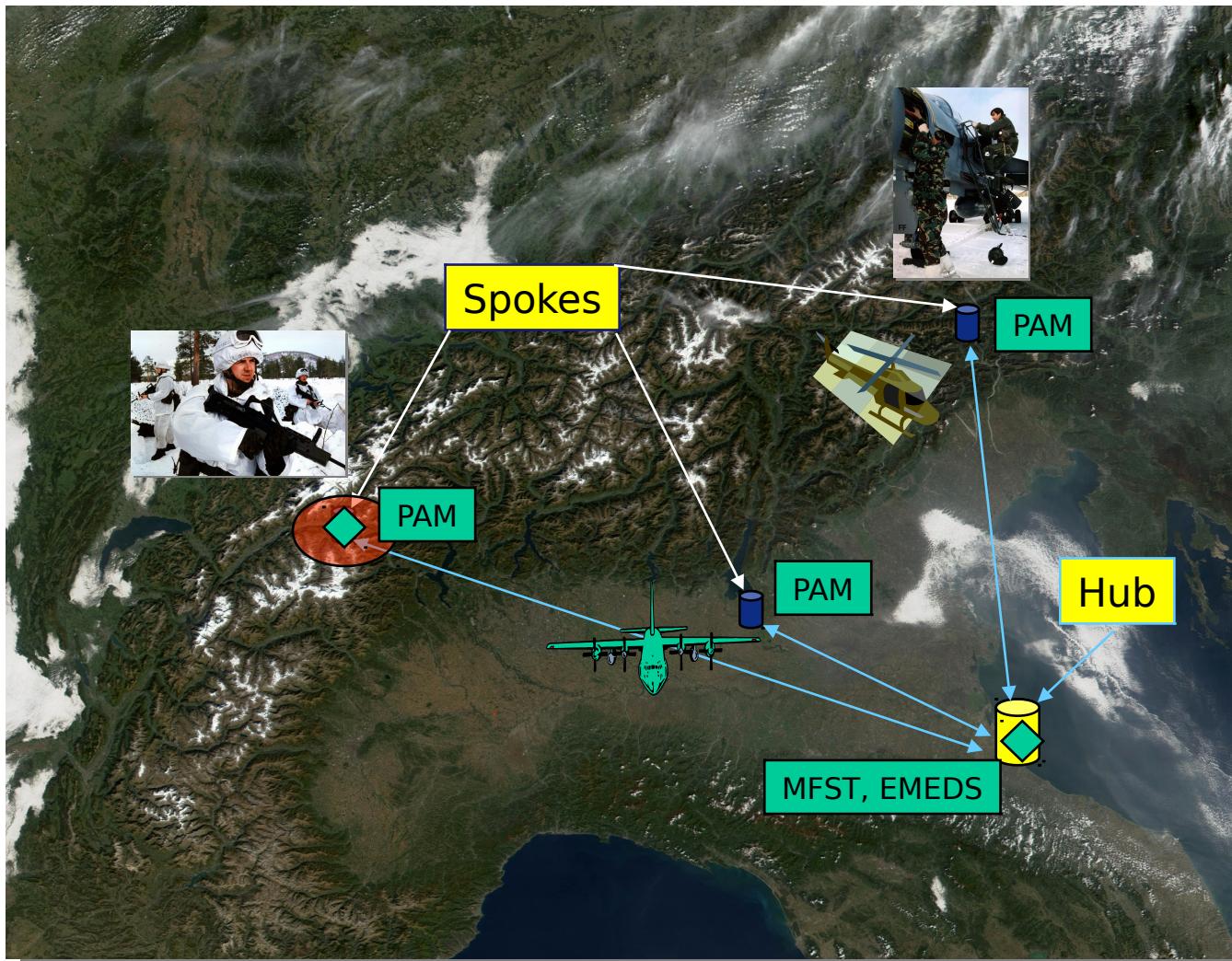
	Surgical Cases	Non-surgical Cases	Total Cases	Surgical Case %
Iraq	217	8,791	8,908	3%
Outside Iraq	4,032	76,737	80,769	5%





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# Hub and Spoke Concept



EMEDS:  
Expeditionary  
Medical  
Support

MFST: Mobile  
Field Surgical  
Team

PAM:  
Preventive &  
Aerospace  
Medicine  
Team

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# *Contingency ASF Development*

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- **CASF CONOPS approved by AF/SG Oct 03**
- **Replaces old deployable 50, 100 and 250-bed ASFs**
- **Three new personnel UTCs registered**
  - **FFVNF -- Basic Nursing Function, 13 pax**
  - **FFVSF -- Specialty Function, 15 pax**
  - **FFVCF -- Command Function, 12 pax**
- **Builds in a modular approach from 25 beds to 250 beds**
  - **Lighter, leaner construction**
  - **Flexibility for humanitarian relief operations, major contingencies, ICMOP and homeland security events**



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# *Contingency ASF Development (cont'd)*

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- **Provides 24-hr staging operations for patients transiting the Aeromedical evacuation system worldwide**
- **Co-located with a medical facility where casualty flow is heavy**
  - **Augments medical facility patient staging capabilities, if required**
- **AF/SG looking at AD/ARC Component mix**
  - **Supports AEF rotations with Active Duty**
  - **Completion of equipment UTCs expected after F3 in June 2004**



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# **Consolidated WRM Storage & Deployment Center(s) The Road Ahead**

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- **AFLMA Study Tells Us Consolidation**
  - **Can Save Dollars**
    - Increases Risk Based Funding Opportunities
    - Increases Quality Control & Compliance with AS Changes
    - Increases Economies of Scale/Scope
  - **Facilitates Deployment Operations**
    - Increases Probability of Meeting 15 ST
    - Enhances In-transit Visibility
    - Reduces Possible Points of Failure



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# **Consolidated WRM Storage & Deployment Center(s) The Road Ahead**

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- **AFLMA Study Does Not Address**
  - **Local Training Requirements**
    - AFI 41-106 Field Training Requirements
  - **Manpower Impact on FAC 5530 (Logistics Personnel)**
    - Impact on Positions Earned for WRM Support
    - Deployment Requirements
    - Contract to Military Manpower Mix
  - **Transportation Analysis of Possible Solutions**
    - TRANSCOM Location Analysis
    - Approach to Unit Type Code Distribution Between Multiple Storage Locations
  - **Specialty Set Requirements**
  - **Organizational Structure**



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# ***Lessons Learned: Analysis Methodology***

- AFMS Lessons Learned POC: Lt Col(s) Diane Lent-Tucker
- Task Force Enduring Look (TFEL) initiated Air Force review of OIF
- AF/SGO team reviewed 234 AARs (10.5 MB)
- NOVA-level AA Conference in Oct 03
- AA Report being completed by DCOM





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# **AAR Timeline**

- **Nov - Present:** AARs reviewed, analyzed by DCOM
- : Interviews, validation
- **Mar 04:** Draft report available to AF/SGO
- **Apr 04:** Report presented to NOVA



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# ***Other Big Rocks***

- **Capabilities Review and Risk Assessment Process**
- **Homeland Security IPT**
- **Contageous Patients Treatment**
- **Enhanced Planning Process: Relieving Stress on the Force**
- **MHS Transformation Initiative**



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# ***Discussion***



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